

INNOVATIONS IN CARING

Scientific Approaches to Patient Care at the Deaconess Hospital



NEW ENGLAND DEACONESS HOSPITAL
1 9 9 1 A N N U A L R E P O R T

In 1896 when the Deaconess was founded, our understanding of the human body was still in its infancy. Graduates of the best medical schools knew a fraction of what we now know about the major life processes; there was no sophisticated imaging technique, no molecular biology, few effective drugs or vaccines. Shorter life spans reflected the comparative lack of public health measures and preventive medicine. ♡ Ninety-five years ago, every doctor and nurse relied primarily on one treatment, no matter what the severity of the case: quality patient care. When founding Deaconess Mary E. Lunn dedicated the New England Deaconess Hospital to unite “science and kindness in combatting human disease,” kindness was in far greater supply. ♡ Competent, compassionate patient care remains the cornerstone of the Deaconess Hospital’s approach to treatment. In the Hospital, one quickly feels the sense of security that flows from warm personal relations between caregivers and patients. The staff has always understood the importance of physically and emotionally supporting patients and their families. ♡ While the Deaconess Hospital has worked over the years to maintain its special caring atmosphere, the “science” side of the institution has grown immeasurably. With almost \$18 million in annualized research funding (an increase of 17 percent from last year), the Deaconess Hospital is recognized as an important center of biomedical research, education, and clinical care. Across the spectrum, from inquiries into funda-

mental life functions to the most practical of applied studies, Hospital medical staff have earned reputations as imaginative, dedicated physician-scientists who, as Harvard Medical School faculty, will help lead the next generation of graduates to even greater accomplishment. 🍷 Under the leadership of President and Chief Executive Officer J. Richard Gaintner, M.D., the Deaconess Hospital addresses illness and suffering with programs that bring the latest of laboratory bench knowledge to the bedside of illness. Through a vigorous regimen of basic science research and clinical investigation, the



Hospital continues to provide patients from all over the world with the finest medical care available. 🍷 The 1991 Annual Report of the New England Deaconess Hospital is dedicated to telling the story of its physician-scientists, nurse-researchers, and other health care experts.

They are the pioneers of their professions, who play the difficult and irreplaceable role of questioning current practice and proposing improvements. Their work requires intense concentration and perseverance. Years of watching and caring for patients may precede the birth of an improved procedure. Even more time may pass between the notation of a laboratory finding and its eventual use to produce a new drug or cure a disease. 🍷 To refine the ancient arts of medicine and nursing, researchers must observe care-

Overcoming Resistance

No one stands alone in the search for scientific solutions to human suffering. It is the collective nature of the research enterprise, extending over years of shared experience, that gives science its power to confront human disease. So it is no surprise when investigators come to one another in this spirit of collaboration for help in solving particularly difficult cases.

Robert C. Moellering Jr., M.D., chairman of the Deaconess Hospital Department of Medicine and Harvard Medical School Shields Warren-Mallinckrodt Professor of Medical Research, is accustomed to advising other doctors about enterococci, bacteria that often cause dangerous infections in hospitalized patients. Found normally in healthy humans in the gastrointestinal tract, these bacteria only harm when they are found outside their customary home. Dr. Moellering received the 1991 Garrod Award of the British Society for Antimicrobial Chemotherapy for his work with these difficult-to-treat bacteria.

Dr. Moellering, who was named president of the Infectious Diseases Society of America in 1991, notes that enterococci also rapidly develop resistance to antibiotics. In fact, these organisms have sophisticated methods for acquiring new genes, some of which allow them to produce enzymes that provide protection from the killing action of drugs. As a result, normal treatments are doomed to failure and an outbreak of infections due to enterococci can pose great danger to hospitalized patients, including the risk of heart valve infections. Enterococci can quickly disseminate throughout hospital wards — some-

times despite the use of gloves and other control measures — and are currently among the top three most commonly reported causes of hospital-acquired infections in the U.S.

Dr. Moellering recently was called to consult on two outbreaks due to resistant bacteria in Boston hospitals, one of which was contained by changing hospital patterns of antibiotic usage while the other required careful epidemiologic study and infection control measures. Dr. Moellering's ability to identify these infectious agents comes from years of collecting and cataloguing information about enterococci and other resistant bacteria, meticulously coordinated in the laboratory by Deaconess Hospital physician-scientists Dr. George Eliopoulos, Harvard Medical School associate professor, and Dr. Claudie Thauvin-Eliopoulos, Harvard Medical School instructor.

Over the years, Dr. Moellering and his colleagues have identified a number of new mechanisms of resistance in bacteria from all over the world and have developed novel approaches to treat the infections they cause. Thus, his laboratory team has been able to assist other hospitals by offering successful methods of attacking these new strains of bacteria.



Taming the Difficult Airway

The great Harvard anesthesiologist, Dr. LeRoy Vandam, once remarked, "The teachers I respected most engendered a little bit of fear in me. In order for people to follow your precepts and standards, there has to be a little bit of fear involved."

A former student of Dr. Vandam, Deaconess Hospital Chairman of Anaesthesia Ellison Pierce Jr., M.D., Harvard Medical School associate clinical professor, well remembers the intimidating presence of his mentor at early morning teaching sessions, as he stressed the importance of rigorous adherence to safe practice standards. Today, as president of the Anesthesia Patient Safety Foundation, Dr. Pierce is carrying forward Dr. Vandam's work to ensure safety in modern anesthesia practice.

Along with Robert Bode Jr., M.D., Harvard Medical School clinical instructor, Dr. Pierce is delving into how to standardize protocols and equipment requirements for the field. An important project currently under way is the development of guidelines for management of patients whose breathing passages are difficult to keep clear. The "difficult airway," as it is called, occurs most commonly in patients suffering from trauma, severe burns, or congenital abnormalities. About one out of one hundred patients is at risk of suffocation during anesthesia due to one of these conditions.

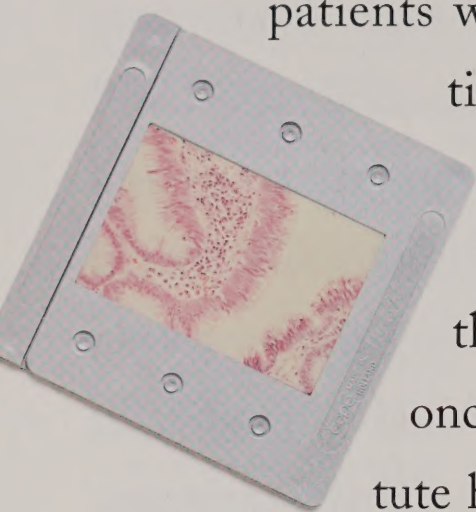
Dr. Bode is part of a multi-institutional team of researchers working to develop a "crash cart" that will be recommended for difficult airway emergencies. A number of technologies to help the anesthesiologist deal with this problem—such as an air jet that pushes oxygen past blockages into the lungs, the fiber-optic bronchoscope, endotracheal tubes, and other devices—will be evaluated for efficacy in dealing with the difficult airway. The team also will formulate optimal forms of anesthesia for high-risk patients.

Anesthesia residents from other Harvard affiliates—Brigham and Women's Hospital, Massachusetts General Hospital, and Beth Israel Hospital—see how Deaconess anesthesiologists cope with the difficulties of handling such high-risk patients as they take month-long rotations through the Department. The training session is quite popular, according to Deaconess Director of Education in Anaesthesia Keith Lewis, M.D., Harvard Medical School clinical instructor, because of the high volume of challenging patients.

These trainees also have the opportunity to gain experience with Deaconess Hospital anesthesia research protocols. For instance, Dr. Lewis is investigating the use of the muscle and blood vessel relaxant drug amrinone as a way to protect vulnerable heart tissue in elderly, diabetic, and high-risk patients during surgery. Through these efforts, the Department of Anaesthesia brings modern forms of quality assurance to the operating room.



fully, innovate fearlessly, and dedicate their efforts fully to the betterment of patient care. Those who bring this commitment to their work at the Deaconess Hospital make health care the flowering science that it is today. 🍀 As this annual report will show, the fruits of scientific investigation have been numerous and varied. In many ways, the Hospital is itself a laboratory where improved forms of patient care are perfected. During the past year, for example, the Deaconess Hospital has established a number of unique services to address the special needs of the elderly, diabetics, and cancer patients. Freshly conceived and original, these efforts provide models for hospital care throughout the country. 🍀 Implemented in 1991, the Deaconess ElderCare Program works with caregivers to identify patients at high risk of losing their ability to function independently and then helps to integrate delivery of the full spectrum of Hospital services, from nutrition and specialized medicine to home care. By creating individualized plans to help older people preserve their well-being, independence, and dignity, the ElderCare Program supports patients' efforts to retain their ability to perform the necessary activities of daily life and prepares them to return to their homes or appropriate settings. 🍀 As another example of the Hospital's multidisciplinary approach to health care, the Deaconess-Joslin Foot Center takes advantage of a coordinated team of specialists in podiatry, vascular surgery, and orthopedics. This



joint program of the Hospital and Joslin Diabetes Center enhances the ability to deal with the complications suffered by diabetic patients while further cementing the long-standing relationship between the two institutions. The Deaconess Hospital takes pride in this tradition of inter-institutional cooperation that is as old as the Hospital itself. ♪ For instance, a 20-bed joint oncology program with Dana-Farber Cancer Institute has been established for the treatment and care of patients with solid tumors. Through this cooperative endeavor, patients have immediate access to the latest research protocols as staff of both institutions meet formally and informally to share knowledge and expertise. Initial research activities on gastrointestinal and respiratory cancers already are bringing improved therapy to people through this collaborative effort. ♪ This spirit of cooperation also improves coordination among health care organizations in the delivery of care, saving patients from having to find their own way through the myriad of institutions and services. By networking with community hospitals from all over New England, the Hospital ensures that patients whose illnesses are complicated by factors such as age, diabetes, or nutritional problems are afforded the highly specialized care their conditions demand. For example, at Beverly Hospital, Deaconess surgeons share their years of experience

Targeting Cancer Treatment

Like the dilemma William Tell faced when he was forced to shoot an apple off his son's head, physician-scientists in the oncology field are forever burdened with the question of how best to treat cancer. Oncologists walk a delicate line as they attempt to destroy or remove cancer completely, while leaving the patient with an intact, healthy body. Although aggressive treatment will more often ensure the cancer's disappearance, it may inflict great harm on the patient in the process.

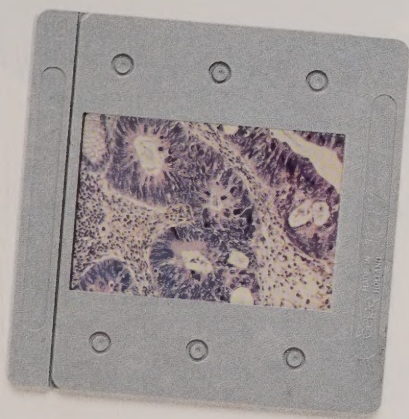
For years, Deaconess Hospital Chairman of Surgery Glenn Steele Jr., M.D., PH.D., Harvard Medical School William V. McDermott Professor of Surgery, has looked for ways to predict who is at risk and when aggressive treatment is necessary for gastrointestinal cancers. Researchers from several Hospital departments and Dana-Farber Cancer Institute are collaborating on Dr. Steele's project, which recently received a 4-year, \$7 million grant from the National Institutes of Health.

A study co-investigator, Deaconess Chairman of Pathology Harvey Goldman, M.D., Harvard Medical School professor and faculty dean for medical education, has studied precancerous conditions in the colon for years, and has gained special expertise in discerning their many forms and predicting the likelihood of cancer developing. Many patients suffer from a chronic irritation condition of the colon called ulcerative colitis, before they develop cancer. The question of which patients will go on to develop cancer—and when—has challenged many oncological researchers and clinicians. Deaconess senior scientist in the Laboratory of Cancer Biology Arthur

Mercurio, PH.D., Harvard Medical School associate professor, has been looking at the abnormal presence of an enzyme called sucrase-isomaltase in the colon. Sucrase-isomaltase performs normal digestive functions in the small intestine, but its production in the colon seems to be restricted to cells that are cancerous or about to become cancerous.

In association with Drs. Steele, Goldman, and Mercurio, Charles Andrews Jr., M.D., Harvard Medical School instructor, is studying the significance of sucrase-isomaltase production in chronic ulcerative colitis. The team has found that it may be possible to use the enzyme to predict more precisely when this condition is likely to become cancerous, and design treatment accordingly. Dr. Andrews's work with sucrase-isomaltase was recognized this year by the Stowell-Orbison competition of the International Academy of Pathology.

Dr. Steele, who is chairman of the American College of Surgeons Commission on Cancer, is also studying how rectal sphincter tissue and function can more often be preserved in cancer treatment. Similar to "lumpectomy" procedures for breast cancer, this tissue-sparing surgery combines radiation and chemotherapy with surgical removal of tumors. But the real advantage and similarity to lumpectomy lies in the psychological benefit patients feel when they find themselves still able to depend on their bodies in familiar ways after successful treatment of their cancers.



An Eye to Caring

The Deaconess Hospital's patient population, many of whom are elderly people with complicated disease, demands quick diagnosis of severe, life-threatening problems. Radiology physician-scientists under the leadership of Melvin Clouse, M.D., chairman of the Department of Radiology and Harvard Medical School professor, are constantly pursuing research that will lead to a clear understanding of each individual patient's disease through safe, economical procedures.

Safety, accuracy, and effectiveness are all integral features that describe spiral computer-assisted tomography (CT). Deaconess radiologist Philip Costello, M.D., Harvard Medical School associate professor, has been a pioneer in the use of spiral CT in imaging many important clinical parameters, such as determining whether repaired coronary arteries remain open after surgery.

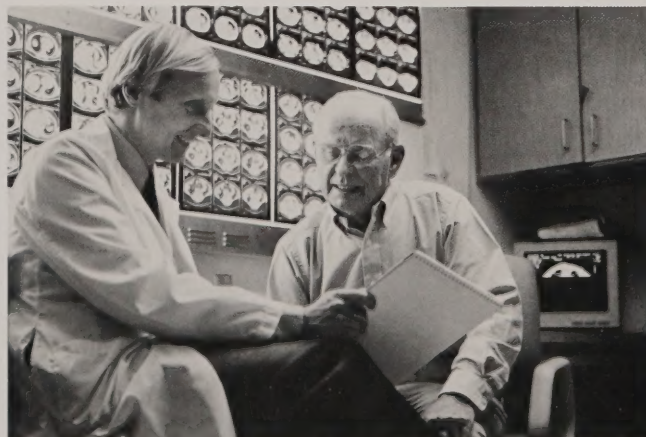
In spiral CT, a radiation-sensitive "camera" takes pictures of the body while traveling on a corkscrew-shaped track. The spiral CT image of the heart and lungs can be recorded in mere seconds, a fraction of the time needed for conventional CT, leaving much less room for error caused by patient movement during imaging. This modality is particularly beneficial for elderly patients since spiral CT requires about half the intravenous contrast drugs previously needed to create pictures; reducing the amount of such drugs means fewer side effects and lower cost. In addition to providing faster images of the blood vessels and lungs, Dr. Costello also has used spiral CT to improve imaging of the liver and pancreas and to assess head and neck problems.

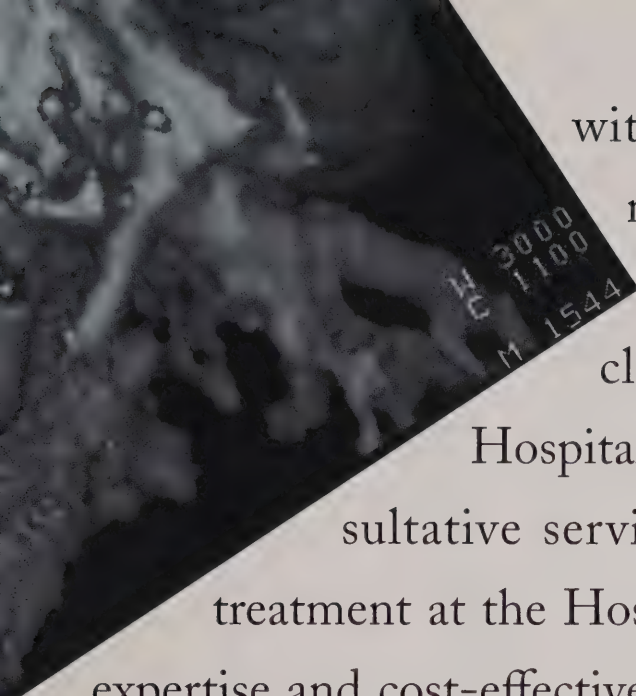
Expanded and improved use of medical imaging technology has led Deaconess researchers beyond conventional applications. Today, for example, Hospital physician-scientists are using sophisticated imaging methods to diagnose and treat psychiatric disease.

According to Thomas Hill, M.D., Harvard Medical School associate professor, functional changes in the brain can be analyzed by looking at blood flow to specialized brain centers. With the use of Single Photon Emission Computed Tomography, or SPECT, Deaconess radiologists track the progress of mildly radioactive substances

through the brain, giving an accurate picture of which brain areas continue to work and which are no longer functioning. Victims of Alzheimer's disease, for instance, are characterized by a gradual diminution in blood flow to areas of the brain where higher thought functions occur. SPECT allows radiologists to distinguish Alzheimer's disease from other causes of dementia and to recommend appropriate therapy.

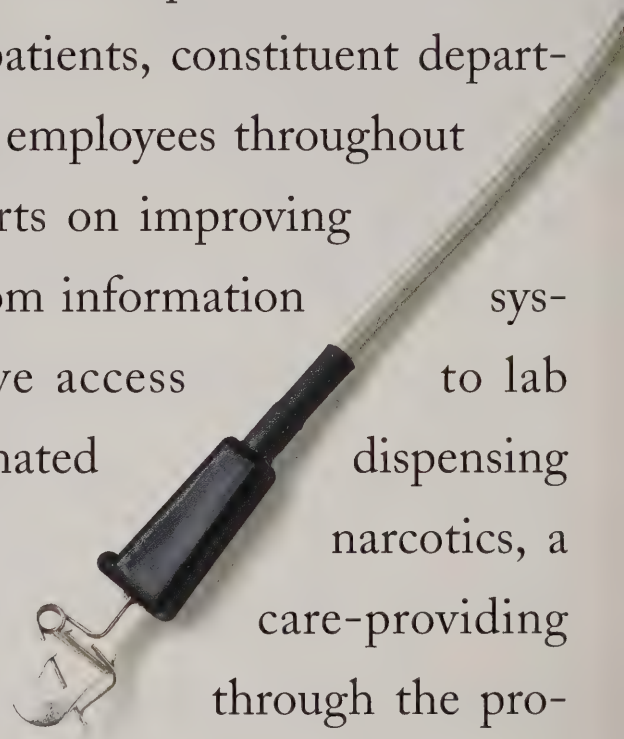
The applications of SPECT extend even further. Russell Vasile, M.D., Deaconess psychiatrist and Harvard Medical School assistant professor, is studying functional changes in the brain which may be useful in distinguishing depression from dementia as well as changes in the brain's temporal lobe which betray multiple personality disorder. Such efforts may help determine which patients will respond to certain forms of therapy. Additional brain imaging studies will be compared with long-standing techniques for examining the nervous system, such as electroencephalogram (EEG). These studies will provide more information about what can be deduced about human brain function from radiological imaging.





with limb-saving vascular surgical techniques while Deaconess medical oncologists help staff an outpatient cancer clinic two days each week at St. Luke's Hospital in New Bedford. Through both consultative services at the local level and specialized treatment at the Hospital, the Deaconess provides technical expertise and cost-effective quality care with the goal of returning patients to their local communities. 🐾 All these efforts are supported by a knowledgeable and dedicated medical and nursing staff, including those who have been recruited to fill new opportunities throughout the Hospital's departments. During the last year, David Calkins, M.D., M.P.H., Harvard Medical School assistant professor, was named chief of the Division of General Internal Medicine. In this role, he will integrate and further develop the services of internal medicine including an expanded training program for primary care physicians. Under the auspices of the newly consolidated Harvard Medical School Department of Psychiatry headed by Joseph Coyle, M.D., the Hospital named Andrew Brotman, M.D., Harvard Medical School associate professor, as clinical director of the Deaconess Department of Psychiatry. Under Dr. Brotman's leadership, the department will assume a pivotal role in the evolution of the Hospital for years to come as creative new programs are developed. 🐾

Experimentation and innovation are also key elements of the Hospital's approach to management. Managers, employees, and staff at all levels confront modern demands for high-quality service and reduced costs through the Service Quality Initiative, or SQI. Introduced by Deaconess Hospital Executive Vice President and Chief Operating Officer Albert B. Washko, SQI is a customer-driven management approach designed to help take the Hospital into its second century of providing quality service to patients, constituent departments, and the community. Staff and employees throughout the Hospital constantly focus their efforts on improving the efficiency and quality of services. From information systems that optimize treatment, improve access to lab results, and streamline costs to an automated dispensing mechanism that controls the supply of narcotics, a number of innovations in Hospital care-providing processes have already been made through the program. Such initiatives have saved hundreds of thousands of dollars in patient costs and enhanced the work climate by enabling staff to spend more time with patients. The Hospital recognizes and supports the drive and creativity needed to improve quality, and therefore, is committed to building a vigorous and diverse work force with programs that develop the full potential of a varied employee population. For example, through Project ProTech, Human Resources



The Science of Nursing

Research is essential to any profession, and nursing is no exception. The Deaconess Hospital Department of Nursing has been foremost among area hospitals in supporting the needs of nurse-researchers. Senior Vice President for Patient Care Services Judith Miller, M.Ed., R.N., recently elected president of the American Organization of Nursing Executives, formalized this program in 1989 with the establishment of the Center for Nursing Research with Janice Bell Meisenhelder, D.N.Sc., R.N., as director. To date, the Center has sponsored 25 research studies, 40 publications, and nearly 100 professional presentations at regional, national, and international conferences.

The Center actively promotes inquiries that help Hospital staff understand the needs of patients and how the delivery of care affects patients' quality of life outside the hospital setting. For example, Helen Burton, B.S., R.N., C.D.E., nurse manager, and Jane B. O'Friel, M.S., R.N., former staff development clinical specialist, are currently engaged in a study of how experiences in the Diabetes Treatment Unit (DTU) — a cooperative program with Joslin Diabetes Center — affect the knowledge and attitudes of insulin-dependent diabetics.

Many of these patients have feelings about their disease that may hinder their self-care. Patients who accept diabetes are more likely to follow a safe diet, monitor

their blood-sugar levels, and take insulin properly. The nursing study is helping to define how hospitalization in the DTU assists patients' adjustment to a life of dealing responsibly with diabetes and thus avoid or delay many of the serious vascular and neurological problems that often accompany the disease.

Primary among the goals of nursing research is the development of a cohesive scientific knowledge base for nursing practice. Such expertise is becoming increasingly important with the emergence of computer technology, novel biomedical materials, molecular biological techniques, and a host of new observational tools. The Center assists nurses in examining the applicability of information, technology, and procedures to the nursing field for use in patients with complicated diseases.

Computers already have proven their usefulness in Hospital nursing stations: the Online Deaconess Information System (ODISY) keeps track of drugs and services administered to patients and helps streamline the billing process. Deaconess Hospital nurses currently are investigating the use of bedside computers in the intensive care unit (ICU). Named Argus, for the thousand-eyed character of Greek mythology who never slept, the computers help keep ICU patients under constant surveillance, and record signs, symptoms, and other data important to nurses' decision making. Two staff nurses with little experience in the use of computers yet an abundance of expertise in critical care, Barbara Buckley, R.N., and Patricia Sorge, R.N., made the system "nurse-friendly." The nurses worked with engineers from the computer-design firm ACT-PC of Wisconsin to develop screens that would allow quick recording and readout of important patient information. The system also helps nurses collect information that may be used in future research efforts.



Combining Outreach with Research

The Deaconess Hospital's reputation as an adult, tertiary medical center rests on its ability to provide expert care for the sickest patients. Many people who come to the Hospital have weakened immune systems due to diabetes, cancer, immunosuppressive treatment to accommodate transplantation, or advanced age. People suffering from AIDS, however, are among those at greatest risk for developing problems due to weakened immune systems. The Deaconess Hospital is recognized regionally and nationally as a center for the care and treatment of individuals with HIV infections as well as for clinical and laboratory-based research on AIDS. Davis Allan Jr., M.D., Harvard Medical School assistant professor and medical director of the Hospital's Ambulatory Infectious Disease Clinic, coordinates the efforts of many health care professionals who render care to patients and conduct a large number of clinical trials to develop new therapies for HIV infection and its many complicating illnesses.

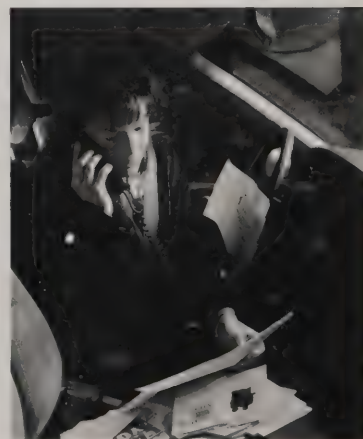
But many vulnerable people outside the Hospital also need the attention of Dr. Allan and his colleagues. An increasing number of people with AIDS are treated as outpatients, many of whom live outside the Boston area where specialized services and treatment may be more difficult to find. To respond to this need, the Deaconess AIDS Outreach Program was established in 1991. The program formalizes the ongoing consultative efforts of the Infectious Disease Section to bring care and support to medically underserved communities in Brockton, the outer Cape area, New Bedford, Roxbury, Provincetown, and western Massachusetts.

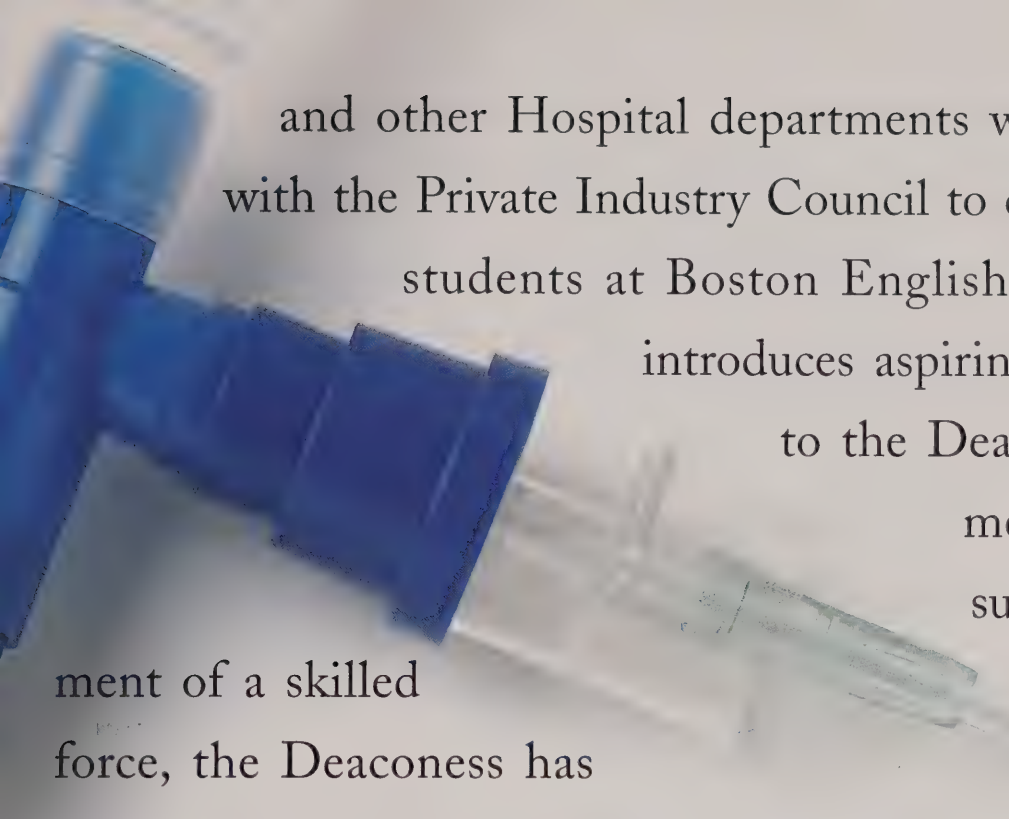
These ties bring patients from all over the state to the Deaconess Hospital and Deaconess health professionals to locations throughout Massachusetts. Such patients benefit from the attention of physicians and nurses who have cared for and treated some 1500 people with AIDS on a daily basis. Deaconess Hospital staff understand AIDS patients' physical needs, as well as the psychological alienation and pain that can accompany this disease.

Just as important as empathic patient care are the years of research Deaconess Hospital physician-scientists have contributed to treating AIDS and its complica-

tions. Jerome Groopman, M.D., chief of the Division of Hematology/Oncology and Harvard Medical School associate professor; Richard Rose, M.D., chief of the Division of Pulmonary Medicine and Critical Care and Harvard Medical School associate professor; A. W. Karchmer, M.D., chief of the Division of Infectious Disease and Harvard Medical School associate professor; Scott Hammer, M.D., of the Division of Infectious Disease and Harvard Medical School associate professor, and others are widely known for their efforts to bring AIDS under medical control. Indeed, many of the drugs now given routinely to AIDS patients were tested in multi-center trials in which the Deaconess Hospital was a lead participant: AZT, or azidothymidine, the first drug used to treat directly infection with HIV, the virus that causes AIDS; gancyclovir, now used to treat eye infections; interferon, for the treatment of Kaposi's sarcoma; GM-CSF and erythropoietin; aerosolized pentamidine, which prevents and shortens the duration of pneumocystis carinii pneumonia, once the leading cause of death in AIDS patients; and DDI, a recently approved drug that appears to have some positive effect on HIV infection.

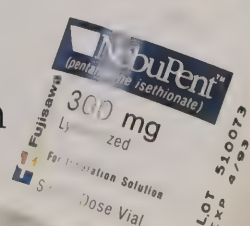
Continued application of knowledge gained in the laboratory and brought to the patient's bedside remains a primary focus of the Hospital's internationally recognized approach to AIDS education, treatment, and research.





and other Hospital departments worked in partnership with the Private Industry Council to develop a program for students at Boston English High School which introduces aspiring health care workers to the Deaconess work environment. In addition to supporting the development of a skilled and talented workforce, the Deaconess has initiated further investment in its future with the institution of a capital campaign to finance 420,000 square feet of new clinical and research facilities. Corporations, foundations, trustees, Hospital staff, and grateful patients have committed more than \$11 million to the new Deaconess master plan to date.

When construction of the new clinical facility begins in spring 1992, it will be another step in enhancing the Hospital's ability to support innovative scientific research, promote medical education, and most important, care for the sickest patients. Deaconess employees have spent many hours tailoring the new treatment and testing areas to the special needs of those served, especially the elderly. Completion of the clinical structure is expected in 1994 as construction of a new building is scheduled to begin. These new research



facilities will enable Deaconess Hospital researchers to continue developing and evaluating innovative technological approaches to care. 🍷 Flowing from the laboratory to the patient floors, research is the lifeblood of the adult tertiary care center. For example, Hospital physician-scientists in the Department of Medicine have improved the effectiveness of antibacterial drugs which protect patients against infection during hospitalization. The Department of Surgery's program in organ transplantation has made strides in a number of areas, including the improvement of liver and kidney transplant procedures and development of an artificial pancreas. And new methods of stopping and restarting the heart's beating — necessary for open-heart surgery — cause fewer complications than traditional procedures and allow patients to return home earlier. 🍷 Novel imaging technologies, including spiral computed tomography and magnetic resonance imaging, provide improved diagnostic capabilities. New treatment applications such as the administration of chemotherapy directly into the hepatic artery show promise in extending the lives of patients suffering from primary liver cancer. Deaconess Hospital anesthesiologists also are seeking to improve techniques — from leading the effort to enhance the safety of surgery to searching for new forms of pain treatment with the support of the newly revitalized Arnold Pain Center. 🍷 The creation of new knowledge and the careful evaluation



Advances in Transplant Technology

Liver transplants were once thought impossible, and yet today they are performed as commonly and quickly as viable donor organs can be found. New approaches to organ preservation and harvesting have increased the availability of donor livers, according to liver transplant program director Roger Jenkins, M.D., Harvard Medical School associate professor.

Research has shown that healthy livers age less slowly than other organs, and thus older donors are considered as equally appropriate as younger ones. Moreover, new preservation solutions keep fragile organs alive longer. As a result, Dr. Jenkins believes that as many as 70 Deaconess liver transplants may be possible by the end of 1991, 15 more than last year.

Deaconess transplantation clinician-researchers Dr. Jenkins and David Lewis, M.D., Harvard Medical School instructor, are looking at some of the newest technology available in preventing organ rejection. For example, in the short time that it has been in use, a new immunosuppressive drug, FK-506, has helped Deaconess Hospital liver transplant patients make remarkable progress.

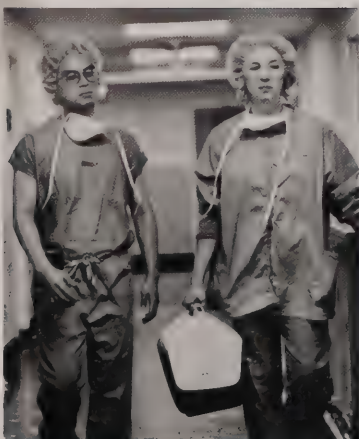
FK-506 prevents the transplant recipient's immune system from destroying the grafted liver. Some patients who receive the drug are able to leave the hospital in half the time that would have been needed previously for recuperation from surgery.

Through experimentation and refinement, the transplantation procedure itself has also been improved so that patients who once required eight hours of surgery

now spend as little as three or four hours in the operating room, considerably reducing the need for donor blood.

Deaconess Hospital researchers are working to develop technological advances that will begin a new era in transplantation medicine. In May 1991, Anthony Monaco, M.D., Deaconess Hospital chief of organ transplantation and Harvard Medical School professor, published evidence of successful use of an artificial pancreas to control blood sugar in diabetic dogs. Developed in a collaborative effort with W.R. Grace & Co., and Biohybrid Technologies Inc., the artificial pancreas allows islet cells to secrete insulin through a semi-permeable membrane through which blood flows. Further research will lead to tests of the device in humans, perhaps within two years.

The painstaking care given to improvement of transplantation and use of experimental immunosuppressive drugs have given even more Deaconess Hospital transplant patients a second chance in life.



Heart-Warming Therapies

Most people wish to spend as little time as possible in the hospital and even less in the operating room. Deaconess Hospital heart researchers are working to make those wishes come true with new surgical and treatment procedures developed through years of clinical and laboratory investigations.

Sidney Levitsky, M.D., chief of the Division of Cardiothoracic Surgery and Harvard Medical School David Williams and David Cheever Professor of Surgery, has developed surgical techniques to reduce the risk of complications during open-heart surgery — especially for elderly patients. The normal heart is constantly in motion and in order to perform surgery, the beating must be temporarily stopped. Elderly heart muscle has less resilience and sometimes responds poorly to this stopping and starting.

The surgeon usually stops the patient's heart by cooling it while briefly withholding the organ's own blood supply. A heart-lung machine provides the patient with oxygenated blood during surgery. After the heart has been repaired, it must be restarted again. But the heart sometimes flutters uncontrollably, or fibrillates, under the strain. Fibrillation can only be stopped with a strong electrical charge.

Using a method called warm continuous blood cardioplegia, Dr. Levitsky keeps the patient at a normal temperature during surgery, while maintaining a continuous blood supply. When surgery is complete, the heart can be restarted quickly and without fibrillation. This procedure is considerably less traumatic for elderly cardiac patients. In late 1990, the growing Deaconess Cardiovascular Surgery Laboratory received a 4-year, \$1.8 million grant from the National Institutes of Health for further study of the protection of heart tissue in elderly patients.

Newly named Chief of General Thoracic Surgery Joseph LoCicero III, M.D., has also introduced less invasive techniques of thoracic surgery that allow patients to return quickly to their everyday lives with less trauma. This "minimal access surgery," as it is called, takes advantage of technology that allows removal of tumors and diseased organs through tubes known as endoscopes. Less cutting is involved in endoscopic surgery; all the surgical tools enter and exit the body through small holes, enabling patients to recover and leave the hospital sooner.

On another front, staff in the Hospital's Institute for Prevention of Cardiovascular Disease under the leadership of James Muller, M.D., chief of the Division of Cardiology and Harvard Medical School associate professor, are searching for new ways to treat blocked blood vessels around the heart. These blockages are very often composed of a variety of materials, including fat, clot, and cholesterol. Institute Co-director George Abela, M.D., Harvard Medical School associate professor, uses intravenous ultrasound and fiber optic devices that can help characterize the nature of the blockage and suggest appropriate treatment. These non-invasive technologies provide precise details about blockages that allow them to be dismantled, piece by piece.

Since more angioplasties were performed at the Hospital in 1990 than at any other hospital in the Boston area, Deaconess cardiologists are building on this expertise by investigating combination treatment modalities. Working with

Thomas Aretz, M.D., Harvard Medical School assistant professor, Dr. Abela is also conducting basic studies of how lasers can be used in concert with other forms of treatment—drugs and clot-clearing balloon angioplasty, for example—to provide treatment that is tailored to an individual patient's problem.

Research into better ways to design and execute treatment for heart disease demonstrates the Deaconess Hospital's commitment to learning more about the needs of patients and providing the best possible patient care.



of innovative diagnostic and treatment technologies will always be an important part of the mission of the Deaconess Hospital. Because of the determined pace and flexibility of the Hospital's clinical research enterprise, it remains a referral hub for a number of interdependent institutions. Deaconess Hospital doctors, nurses, faculty, and staff experiment with and improve upon current modalities as the institution continues to be recognized as a vital part of the nation's health care system. 🍎 Modern biomedicine has given physician-scientists a new armamentarium with which to combat disease. Deaconess researchers have dedicated themselves to investigating appropriate uses for these weapons, keeping in mind that technology must not be allowed to stand between caregiver and patient. Experimental successes have revealed ways to bring the patient and health care team closer together, to put patients within reach of the services they need, to return them to their families and homes as quickly as possible, and to restore them to healthful, independent living. Through these innovations in caring, the Deaconess Hospital builds on its valued tradition of delivering the finest care to the sickest patients. 🍏

Remarks from the Chairman

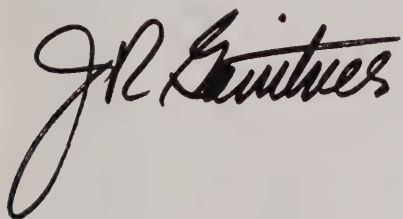
In my first year as chairman, I am pleased to report that the Deaconess Hospital continues to thrive. As this annual report shows, 1991 has been marked by many achievements, all of which support the Hospital's mission of delivering exceptional patient care while advancing scientific investigation and education. ♣ Under the leadership of our president, Dr. J. Richard Gaintner, and our executive vice president, Al Washko, these accomplishments have set the stage for an exciting new time for the Hospital and those we serve. I would also like to acknowledge the leadership of our clinical chairmen and the members of our outstanding team of Deaconess physicians, nurses, scientists, and employees of this fine Hospital. ♣ We are about to embark on a five-year capital campaign — A New Century of Compassionate Care — in support of the most comprehensive construction and renovation program in the Hospital's history. The campaign is the cornerstone of a master plan for the development of the Deaconess into the twenty-first century. The goal of the plan is to provide state-of-the-art facilities commensurate with the outstanding clinical care, teaching, and research programs that already distinguish the Deaconess Hospital, as this 1991 annual report so eloquently describes. While new buildings, improved access, and expansion of services are all important, this effort begins and ends with three simple yet vital words: quality patient care. ♣ On behalf of the Board of Trustees and members of the Corporation, I would like to thank all those volunteers whose dedication during the past year has enriched and enhanced this institution. I would like to welcome Robert J. Lepofsky and Julie E. Henry to the Board and thank Dale Sherratt for his fine stewardship. ♣ Everywhere I go these days — from community hospitals to bank boardrooms — I am gratified to hear of the Hospital's superb reputation and look forward to another year of enhancing it even further.



John P. Hamill
Chairman, Board of Trustees

A Message from the President

The next few years will be a time of considerable change for health care. The only constant will be change itself. The efforts of the entire Deaconess community — medical staff, employees, management, Board of Directors and members of the Corporation — will be necessary to meet the challenges of our times and to sustain our vital role in the evolving health care network. ♣ To respond and to prosper in this environment, we must focus on our goals, and on our basic mission. We must strive to do all that we do with even greater efficiency and effectiveness, thereby sustaining and increasing the value of the services we provide. For the Deaconess this means bringing the latest innovations from the research bench to the bedside of illness through compassionate, sensitive care. ♣ Past annual reports have focused on this merger of “science and kindness” by highlighting patient care. This report is dedicated to telling the same story by exploring the technological achievements of the physician-scientists, nurse-researchers, and health care experts whose quest for new knowledge will lead to the advances of tomorrow. ♣ The Deaconess has always had a tradition of combining research, education, and clinical expertise to provide the best possible care to the sickest patients. Our goals have not changed since founding Deaconess Mary Lunn first stated them in 1896. Our continued commitment to these goals will carry the Deaconess Hospital forward in this decade and beyond the year 2000!



J. Richard Gaintner, M.D.
President and Chief Executive Officer



*J. Richard Gaintner, M.D., President and Chief
Executive Officer and John P. Hamill, Chairman,
Board of Trustees*



The Clinical Management Team
(seated) Joanne Casella, Melvin E. Clouse, Harvey Goldman,
Andrew Brotman, Joanne Wade
(standing) Ellison C. Pierce Jr., Dorothy M. Ross, Hugh
Wheeler, Glenn Steele Jr., Robert C. Moellering Jr.



Senior Management

(seated) Kermit McClelland, Judith R. Miller,

Herbert P. Dane, John Powers

(standing) Ralph E. Horky, Dean L. Manheimer,

David Kizskiss, William J. Robinson, Joyce B. Tower,

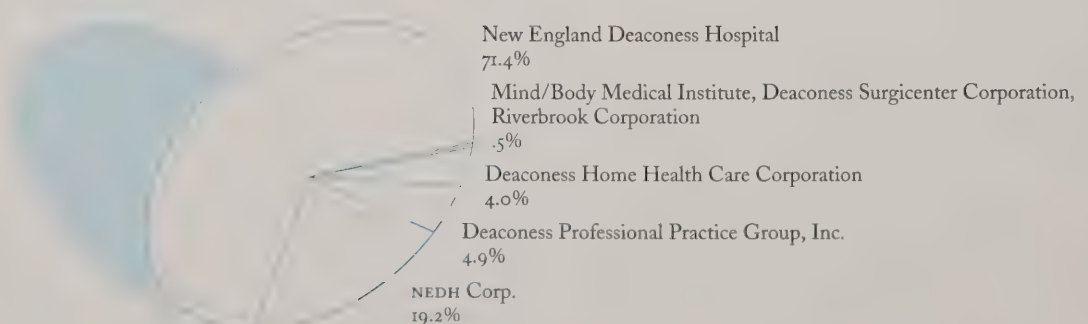
Albert B. Washko

NEDH Corp. and Subsidiaries
Consolidated Balance Sheets
September 30, 1991 and 1990
(dollars in thousands)

		<i>FY 1991</i>	<i>FY 1990</i>
<i>Assets</i>	General funds		
	Current assets	\$ 92,682	\$ 89,510
	Trustee designated assets	76,784	39,513
	Property, plant and equipment (net)	82,938	73,738
	Total	\$ 252,404	\$ 202,761
	Restricted funds		
	Special purpose funds	\$ 23,510	\$ 21,843
	Endowment funds	16,775	14,789
	Plant replacement and expansion funds	5,615	3,206
	Total	\$ 45,900	\$ 39,838
	Total assets	\$ 298,304	\$ 242,599

<i>Liabilities</i>	General funds		
	Current liabilities	\$ 61,428	\$ 54,155
	Non-current liabilities	49,914	51,052
	Long-term debt	68,985	39,726
	Fund balances	72,077	57,828
	Total	\$ 252,404	\$ 202,761
	Restricted funds		
	Liabilities and fund balances	\$ 45,900	\$ 39,838
	Total liabilities and fund balances	\$ 298,304	\$ 242,599

1991
Composition of assets

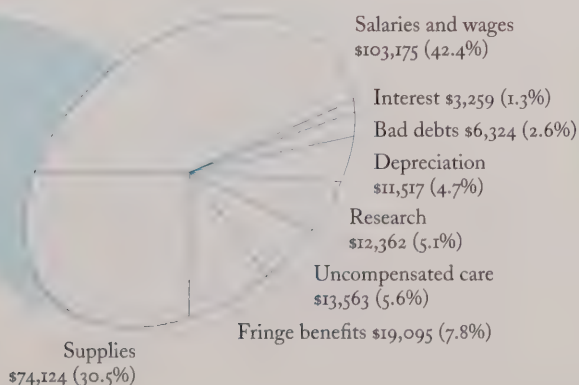


NEDH Corp. and Subsidiaries
Consolidated Statement of Revenues and Expenses
(dollars in thousands)

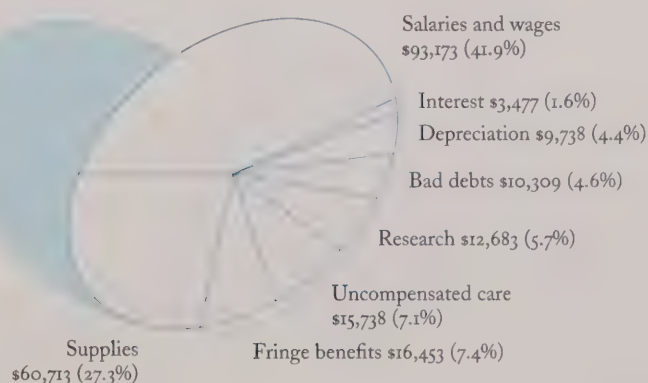
		<i>New England Deaconess Hospital</i>	<i>Total Other Corp.*</i>	<i>Total NEDH Corp. & Subsidiaries</i>
<i>September 30, 1991</i>	Net patient service revenue	\$183,994	\$ 35,934	\$ 219,928
<i>FY 1991</i>	Other operating revenue	28,375	4,979	33,354
	Operating revenue	212,369	40,913	253,282
	Operating expenses	205,768	37,651	243,419
	Income from operations	6,601	3,262	9,863
	Non-operating revenue	1,904	2,283	4,187
	Excess revenues over expenses	\$ 8,505	\$ 5,545	\$ 14,050
<i>September 30, 1990</i>	Net patient service revenue	\$183,848	\$ 30,190	\$ 214,038
<i>FY 1990</i>	Other operating revenue	25,740	3,888	29,628
	Operating revenue	209,588	34,078	243,666
	Operating expenses	193,801	28,483	222,284
	Effect of a change in accounting for post-retirement medical benefits	15,205	—	15,205
	Income (loss) from operations	582	5,595	6,177
	Non-operating revenue	1,674	2,117	3,791
	Excess (deficiency) revenues over expense	\$ 2,256	\$ 7,712	\$ 9,968

**Includes: Deaconess Professional Practice Group, Inc., Deaconess Home Health Care Corporation, NEDH Corp., Mind/Body Medical Institute, Inc., Deaconess Surgicenter Corporation, and Riverbrook Corporation.*

1991
Distribution of operating expenses (dollars in thousands)



1990
Distribution of operating expenses (dollars in thousands)



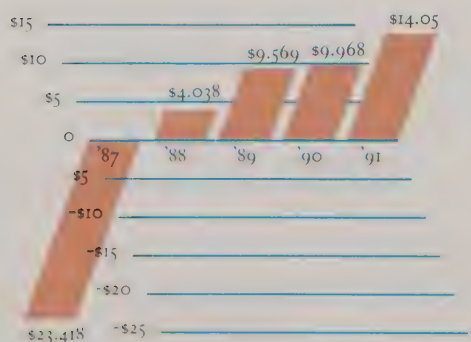
NEDH Corp. and Subsidiaries
Financial Highlights
(dollars in thousands)

	1991	1990*	1989*	1988*	1987*
Total revenues	\$ 257,469	\$ 247,457	\$ 211,231	\$ 182,414	\$ 148,049
Operating expenses	\$ 243,419	\$ 237,489 **	\$ 201,662	\$ 178,376	\$ 171,467
Excess (deficiency) of revenues over expenses	\$ 14,050	\$ 9,968	\$ 9,569	\$ 4,038	\$ (23,418)
Accounts receivable-net	\$ 51,637	\$ 59,053	\$ 60,072	\$ 44,483	\$ 39,916
Property, plant-net	\$ 82,938	\$ 73,738	\$ 63,616	\$ 56,550	\$ 54,643
Long-term debt	\$ 68,985	\$ 39,726	\$ 44,237	\$ 19,636	\$ 21,936
Total unrestricted asset	\$ 252,404	\$ 202,761	\$ 185,793	\$ 144,556	\$ 133,934

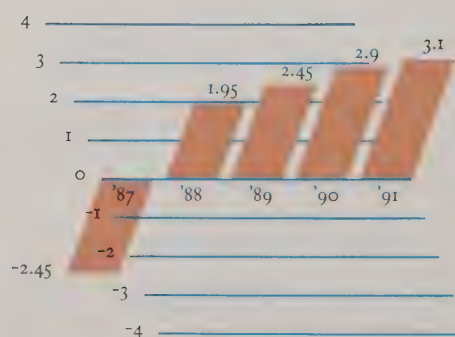
* For ease of comparison, prior years' figures have been adjusted to reflect a change in accounting procedures.

** Includes the effect of a change in accounting for post-retirement medical benefits.

Excess of revenues over expenses (dollars in millions)



Debt service coverage

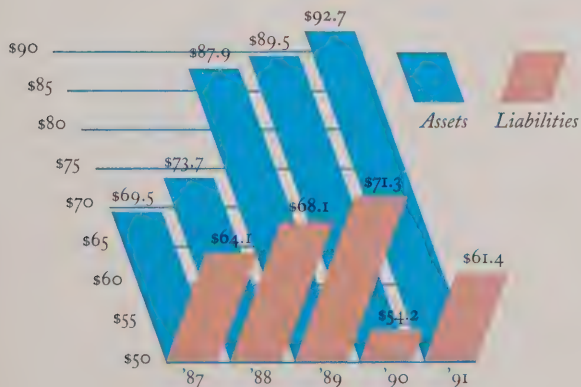


Operating Statistics

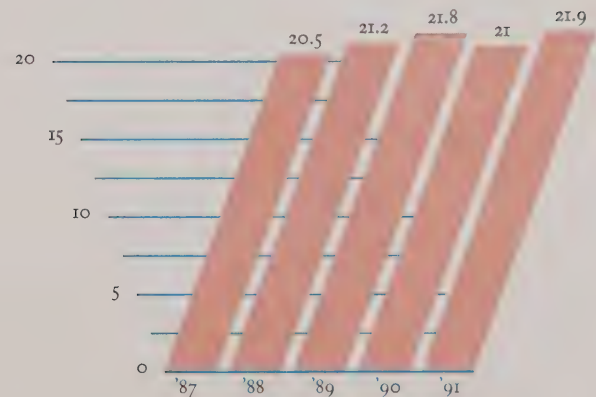
Fiscal Years 1991 and 1990

	<i>FY 1991</i>	<i>FY 1990</i>
Discharges	12,324	12,897
Case mix adjusted discharges	21,908	21,022
Patient days	104,434	114,732
Average daily census	286.1	309.2
Average stay (days)	8.5	8.9
Surgical procedures	7,478	8,412
Surgical minutes	1,512,573	1,597,183
Radiological procedures	88,775	89,659
Radiation treatments	19,685	23,882
Laboratory units	50,697,362	54,498,304
Outpatient visits	33,203	33,081
Emergency room visits	6,260	5,863

Current liabilities and assets (dollars in thousands)



Case-mix adjusted discharges (in thousands)



NEDH Corp.

As of 1991, prior to January 23, 1992, Annual Meeting

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October 1991

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(As of October 1, 1991)*

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